

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 3 — 1 1

2. STATE:

OKLAHOMA

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE

07-01-03

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 440.225, 42 CFR 440.100

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1-A, Page 4a-2

Attachment 3.1-A, Page 4

7. FEDERAL BUDGET IMPACT:

a. FFY 2003 \$ 245,500

b. FFY 2004 \$ 982,000

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

New Page

Same Page, Revised 10-01-02, TN#02-13

10. SUBJECT OF AMENDMENT:

Adding optional dental services for adults to array of services.

11. GOVERNOR'S REVIEW (Check One):

- ☒ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Mike Fogarty

14. TITLE:

Chief Executive Officer

15. DATE SUBMITTED:

16. RETURN TO:

Oklahoma Health Care Authority
Attn: Billie Wright
4545 N. Lincoln, Suite 124
Oklahoma City, OK 73105

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 9 SEPTEMBER 2003

18. DATE APPROVED:
30 OCTOBER 2003

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
1 JULY 2003

20. SIGNATURE OF REGIONAL OFFICIAL:

Bill Brando for Andrew Fredrickson

21. TYPED NAME:

ANDREW A. FREDRICKSON

22. TITLE:

ASSOCIATE REGIONAL ADMINISTRATOR
DIV OF MEDICAID & CHILDREN'S HEALTH

23. REMARKS:

c: Mike Fogarty
Jim Hancock
Billie Wright

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED
CATEGORICALLY NEEDY

10. Dental Services

Dental coverage for adults is limited to emergency extractions.

Payment is also made for medical and surgical services furnished by a dentist to the extent such services may be performed under State law either by a doctor of medicine or by a doctor of dental surgery or dental medicine when those services would be covered if furnished by a physician.

For children see4 item 4.b., EPSDT.

STATE	Oklahoma
DATE REC'D	9-9-03
DATE APP'D	10-30-03
DATE EFF	7-1-03
HCFA 179	OK 03-11

A

SUPERSEDES: NONE - NEW PAGE

New Page 07-01-03

TN# ~~None~~ 04-03-11 Approval Date 10-30-03 Effective Date 07-01-03
Supersedes
TN# None-New Page

Revision: HCFA-PM-85-3 (BERC)
MAY 1985
State: OKLAHOMA

ATTACHMENT 3.1-A
Page 4
OMB No.: 0938-0193

AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

9. Clinic services.

☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided.

10. Dental services.

☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided.

11. Physical therapy and related services.

a. Physical therapy.

☐ Provided: ☐ No limitations ☐ With limitations*
☒ Not provided.

b. Occupational therapy.

☐ Provided: ☐ No limitations ☐ With limitations*
☒ Not provided.

c. Services for individuals with speech, hearing, and language disorders (provided by
or under the supervision of a speech pathologist or audiologist).

☐ Provided: ☐ No limitations ☐ With limitations*
☒ Not provided.

*Description provided on attachment.
SUPERSEDES: TN- 02-13

STATE <u>OKlahoma</u>	A
DATE REC'D <u>9-9-03</u>	
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Revised 07-01-03

TN# 03-11 Approval Date 10-30-03 Effective Date 07-01-03
Supersedes
TN# 02-13